

Name
in
Full

Eliza Jane Ambe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Hudson* Town *Borchester* CountyDate of death *1905* Month *May* Day *24* Age *75* Months DaysSex *Female* Color or Race *Negro* Birthplace *8th Dist. W. Co. Md.*Occupation *Housewife* Where Residing If not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Levin Ambe*Father's Name *Joe Richardson* Father's Birthplace *W. Co. Md.*Mother's Maiden Name *Effie White* Mother's Birthplace " "Name of person giving information *Lev. Ambe* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Unknown*

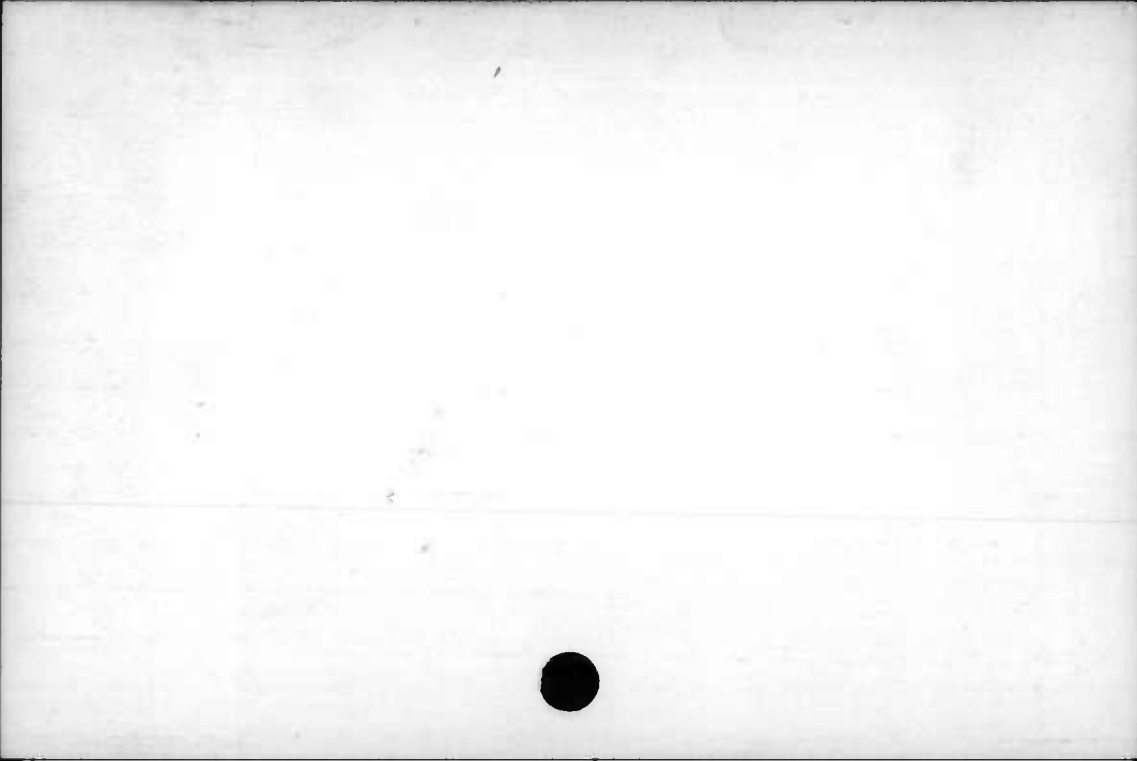
How long —

Immediate *Fell head*

How long —

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *L. A. Stokes M.D.*Address *R 76# 5 Cambridge Md.*

Accident or Suicide?



Name
in
Full

Thomas J. Anderson

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Lakesville^{County} DorchesterDate of death 1905 ^{Month} May ^{Day} 27 ^{Age} 51 ^{Years} ^{Months} 2 ^{Days} 1

Sex Male Color or Race White Birth-place Md

Occupation Farmer Where Residing If not at place of death

Married, Single or Widowed Married Name of Wife or Husband

Father's Name Byche Anderson

Father's Birthplace Md

Mother's Maiden Name Sarah Ogden

Mother's Birthplace Md

Name of person giving information Oliver Anderson

How related to deceased Son

CAUSES OF DEATH

Primary Tuberculosis of Lungs How long one year
Immediate Exhaustion How long

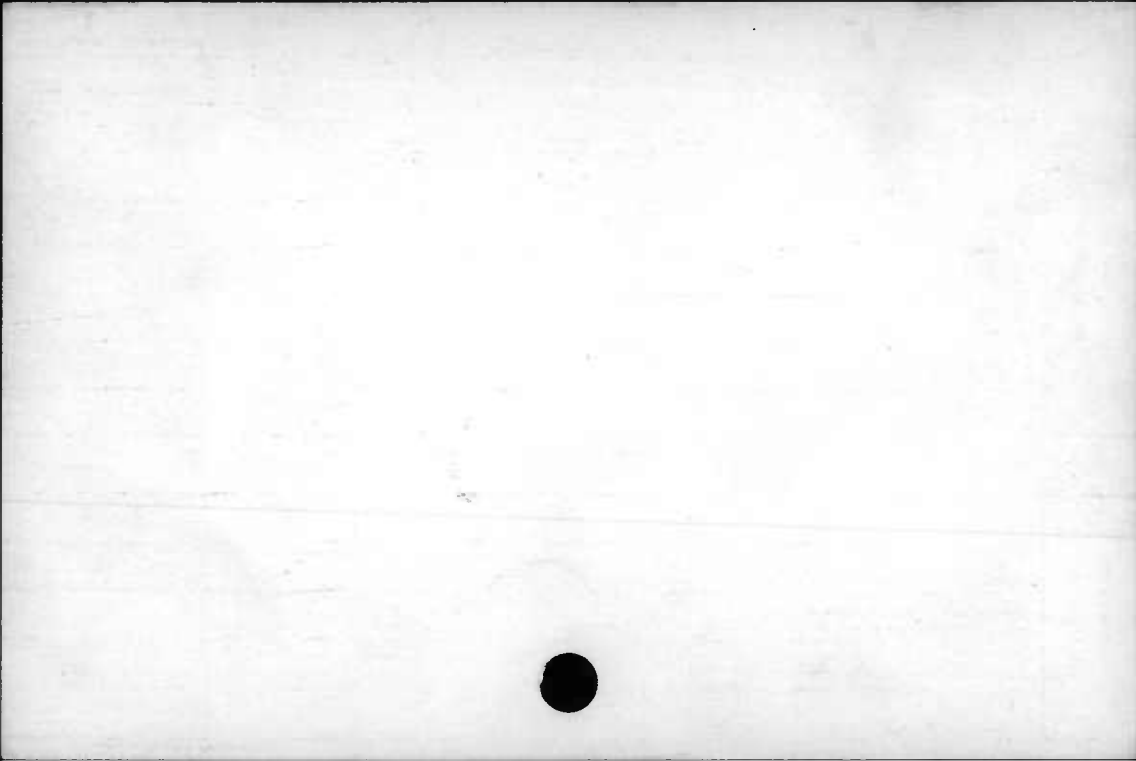
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

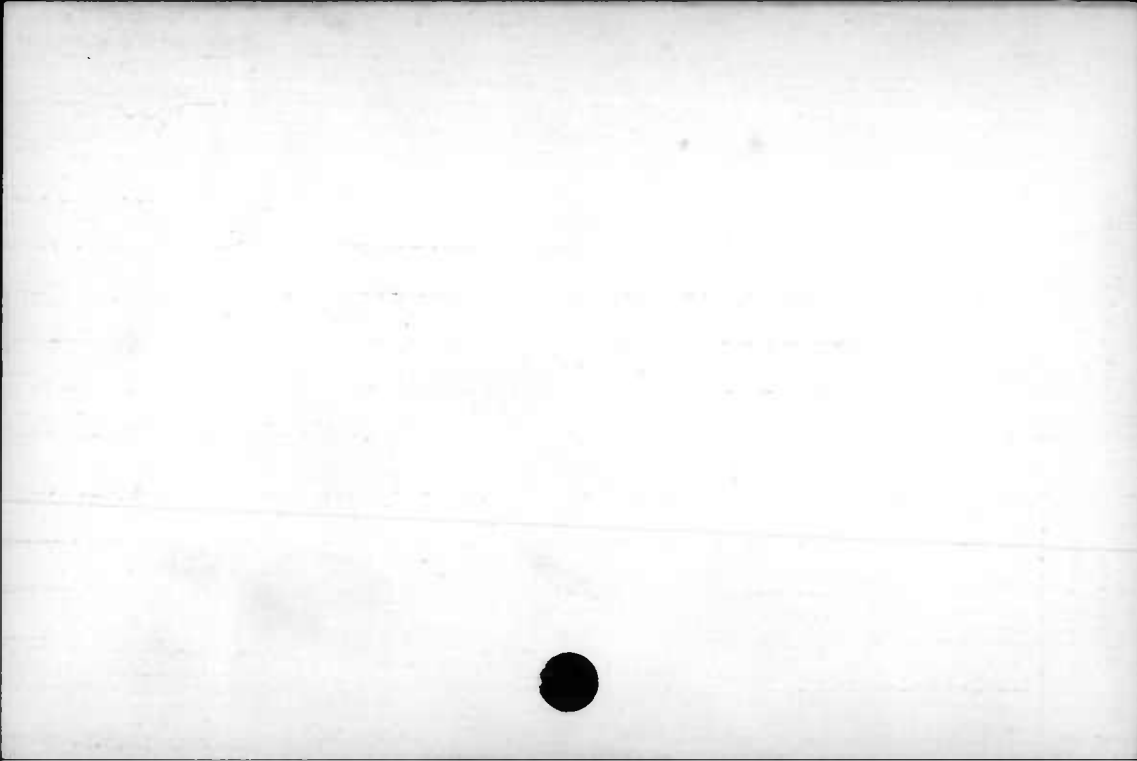
Address

Accident or Suicide? No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Beckwith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Cambridge</u> <small>Town</small>		<u>Orchester</u> <small>County</small>		MARYLAND		
	Date of death <u>1901</u> <small>Year</small> <u>May</u> <small>Month</small> <u>4</u> <small>Day</small>		Age <u>—</u> <small>Years</small>		<u>—</u> <small>Months</small>		<u>5</u> <small>Days</small>
	Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Or. Co. Ind.</u>		
	Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>				
	Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>				
	Father's Name <u>—</u>				Father's Birthplace <u>—</u>		
	Mother's Maiden Name <u>Mary Beckwith</u>				Mother's Birthplace <u>Or. Co. Ind.</u>		
Name of person giving information <u>Mary Beckwith</u>				How related to deceased <u>Mother</u>			
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <u>Excitation</u>		<div style="border: 1px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> 151 </div>		How long <u>5 hours</u>		
	Immediate <u>—</u>				How long <u>—</u>		
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <u>Ray Stule</u>			
				Address <u>Cambridge Ind.</u>			
Accident or Suicide?							



Name
in
Full

Emma E. Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cambridge*

Town

Dorchester

County

Date
of death *1903*Month *5*Day *14*

Age

Years *31*Months *—*Days *27*Sex *Female*Color or
Race *White*Birth-
place *Ind.*Occupation *Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed *Married*Name of Wife or
Husband *Wm. T. Davis*Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information *Wm. T. Davis*How related
to deceased *Husband*

CAUSES OF DEATH

Primary *Acute Bright's Disease - Pyramonia*

How long

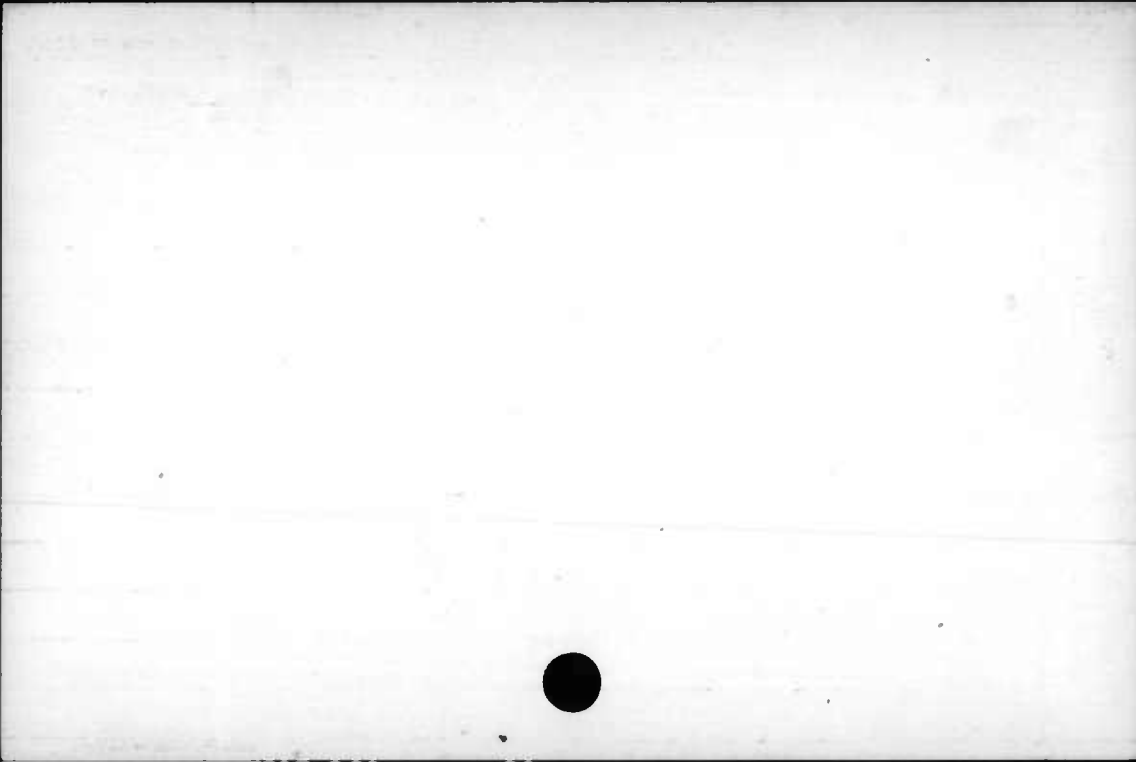
Immediate *Heart Failure*

How long

Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *E. E. Wolff*Address *Cambridge, Ind.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

William Theodore Davis

CERTIFICATE OF DEATH

Died at ^{Town} Cambridge

County Dorchester

MARYLAND

Date
of death 1905

Month 5

Day 4

Age

~~Years~~~~Months~~~~Days~~ 8 hoursSex
Occupation

male

Color or
Race

white

Birth-
place

Md

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Wm. T. Davis

Father's
Birthplace

Bulto. Md.

Mother's
Maiden Name

Eugene E. Smith

Mother's
Birthplace

Md

Name of person giving
In formation

Wm. T. Davis

How related
to deceased

Father.

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

E. E. Wolff.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

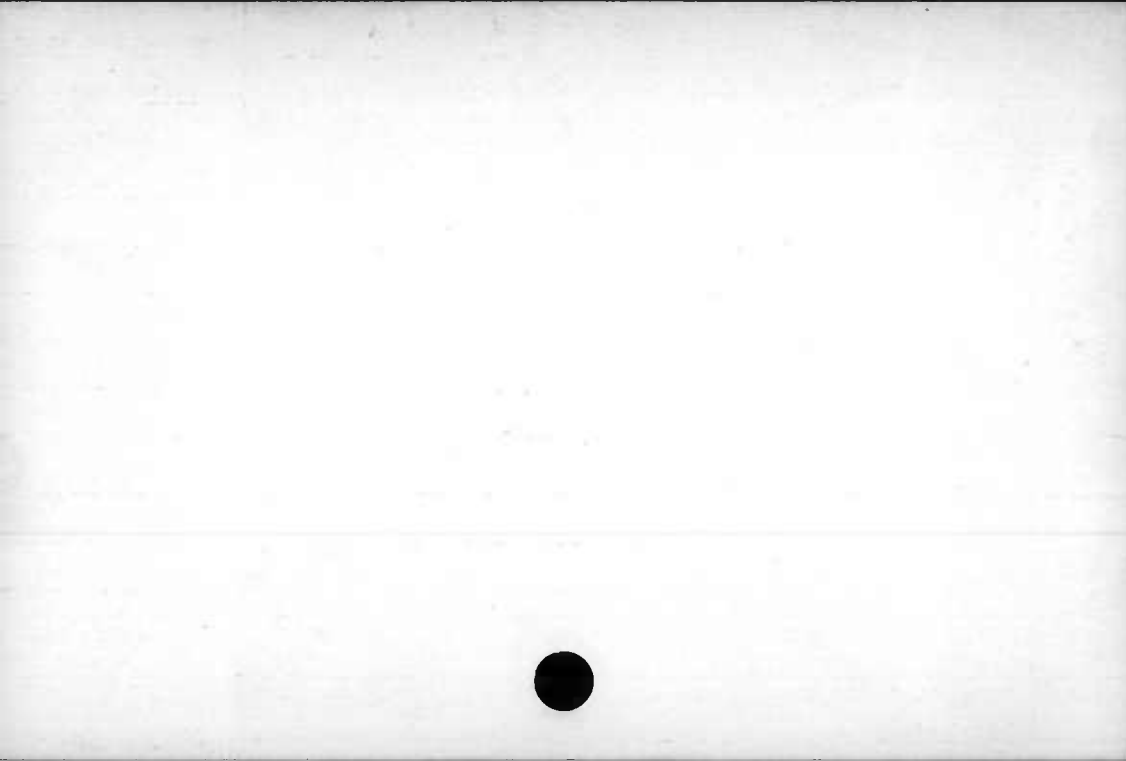
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full James Elliott		Town Cambridge		County Dorchester		MARYLAND	
Died at		Date of death		Age		Months	
		1905-5-13		28		—	
Sex Male		Color or Race W		Birth-place Ind.			
Occupation Farm hand		Where Residing if not at place of death —					
Married, Single or Widowed Married		Name of Wife or Husband Susan Elliott					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information James Stewart				How related to deceased Cousin			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	Don't know
Immediate	Ephraim	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		E. E. Wolff	
		Address Cambridge Ind.	
Accident or Suicide?			



Name
in
Full

Flarer (M. M.)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Linkwood</i>		County <i>Worcester</i>		MARYLAND		
Date of death		1905	Month <i>May</i>	Day <i>22</i>	Age	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth- place <i>Linkwood</i>				
Occupation				Where Residing if not at place of death				
Married, Single or Widowed				Name of Wife or Husband				
Father's Name <i>Abram Flarer</i>				Father's Birthplace <i>Linkwood</i>				
Mother's Maiden Name <i>Josephine Jones</i>				Mother's Birthplace <i>"</i>				
Name of person giving In formation <i>copied from death certificate</i>				How related to deceased <i>"</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Still Birth</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Harnet Lee</i>	
		Address <i>Cambridge Md</i>	
Accident or Suicide?			



Name
in
Full

Lila J Holland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		May	4	Age 15			
Sex	Female		Color or Race	Black		Birth-place	Cambridge, Md
Occupation	School Girl			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Douglas Holland			Father's Birthplace	
Mother's Maiden Name			Estella Sampson			Mother's Birthplace	
Name of person giving information			Douglas Holland			How related to deceased	
			Father				

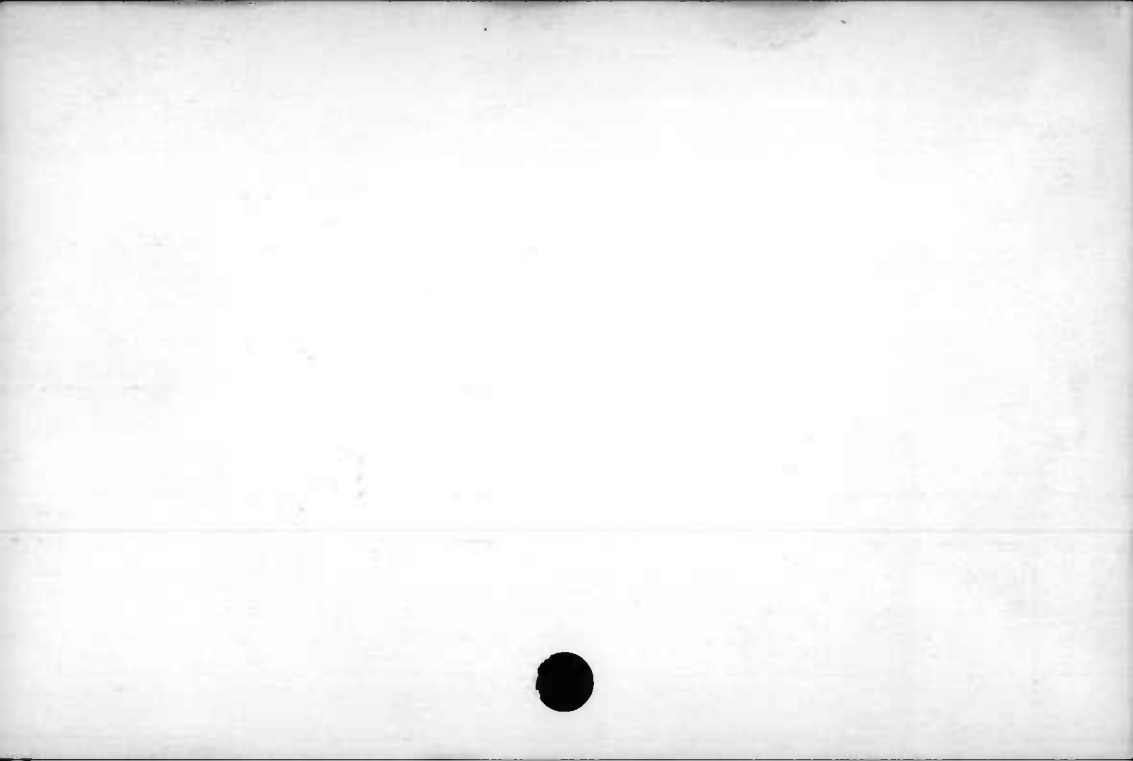
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	Some months
Immediate	Exhaustion	How long	Some weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		B. N. Solari	
Address			
Accident or Suicide?			



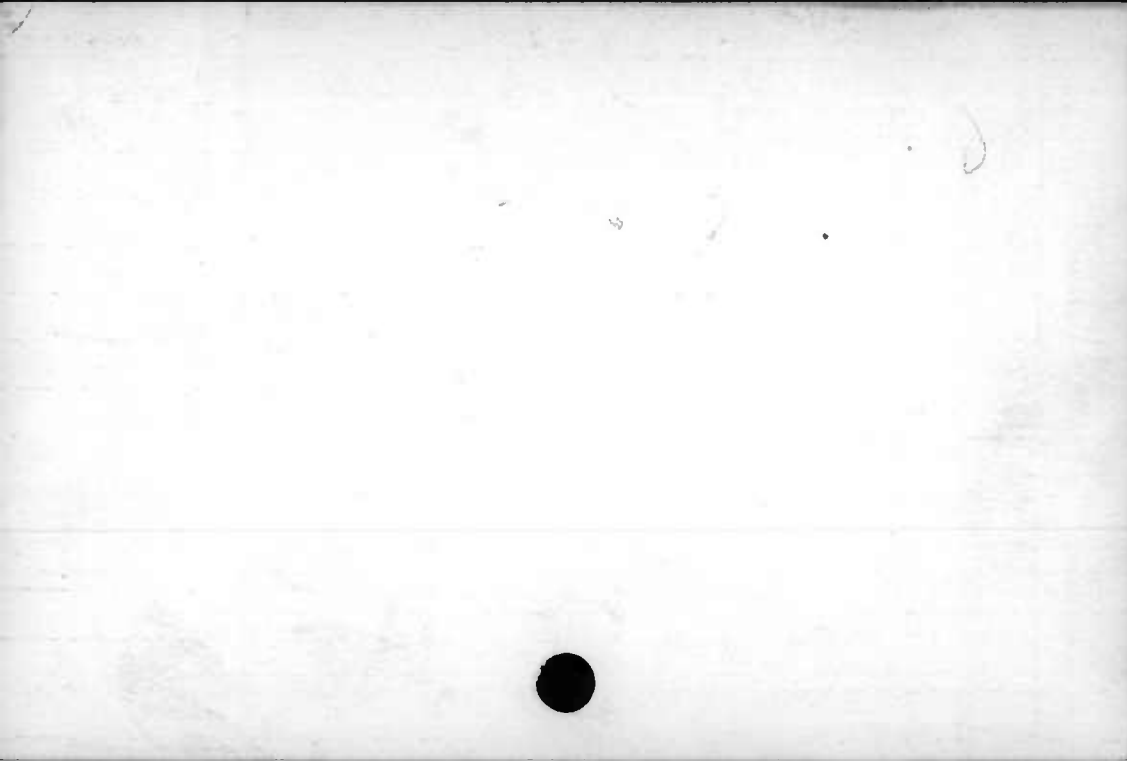
Name in Full		Bertie F. Horseman				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County		MARYLAND	
		Taylor's Island		Dorchester				
		Date of death		Month	Day	Years	Months	Days
		1905 May		19	22	7	5	
		Sex		Color or Race		Birth-place		
Female		Caucasian		Md				
Occupation		Where Residing if not at place of death						
Married, Single or Widowed		Name of Wife or Husband						
Married		Dorsey Horseman						
Father's Name		Father's Birthplace						
Jos. M. North		Md						
Mother's Maiden Name		Mother's Birthplace						
Margaret E. Brown		Md						
Name of person giving information		How related to deceased						
H. W. Lambden		Friend						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		How long				
		Pistol shot through heart		—				
		Immediate		How long				
		Internal Haemorrhage		—				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
Yes		Jos. H. Shriver, Jr.						
		Address						
		Taylor's Island						
Accident or Suicide?		Suicide		Md.				



Name in Full Annie Jackson		CERTIFICATE OF DEATH			
Died at Hills Point <small>Town</small>		Dorchester <small>County</small>		MARYLAND	
Date of death 25th 1905	Month May	Day thun	Years 47	Months 3	Days 19
Sex Woman	Color or Race African		Birth-place Hills Point		
Occupation House Work	Where Residing if not at place of death Hills Point				
Married, Single or Widowed Widowed	Name of Wife or Husband Annie Jackson				
Father's Name Levin Amby	Father's Birthplace Cooke Pt				
Mother's Maiden Name Oliza J. Richardson	Mother's Birthplace Ross, Neck				
Name of person giving information Rev. Isaiah Paine	How related to deceased Pastor of Church				
CAUSES OF DEATH					
Primary	Mitral regurgitation		How long —		
Immediate	Cerebral embolism		How long 3 days		
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician S A Stokes			
		Address Cambridge			
Accident or Suicide? 9		276#5- mel			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Bishopshod* ^{Town} *Dorchester* ^{County}

Date of death *1905* ^{Month} *May* ^{Day} *26* Age ^{Years} *78* ^{Months} *1* ^{Days} *1*


Sex *Female* Color or Race *White* Birth-place *Bishopshod*

Occupation *Housewife* Where Residing if not at place of death *" "*

Married, Single or Widowed *Widowed* Name of Wife or Husband *William Jones*

Father's Name *Jacob Jones* Father's Birthplace *Bishopshod*

Mother's Maiden Name *" "* Mother's Birthplace *" "*

Name of person giving information *Joe Murphy*  How related to deceased *son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic Gastritis* How long *" "*

Immediate *Anemia* How long *" "*

Are the name, age, sex, color, date and place correctly given above?

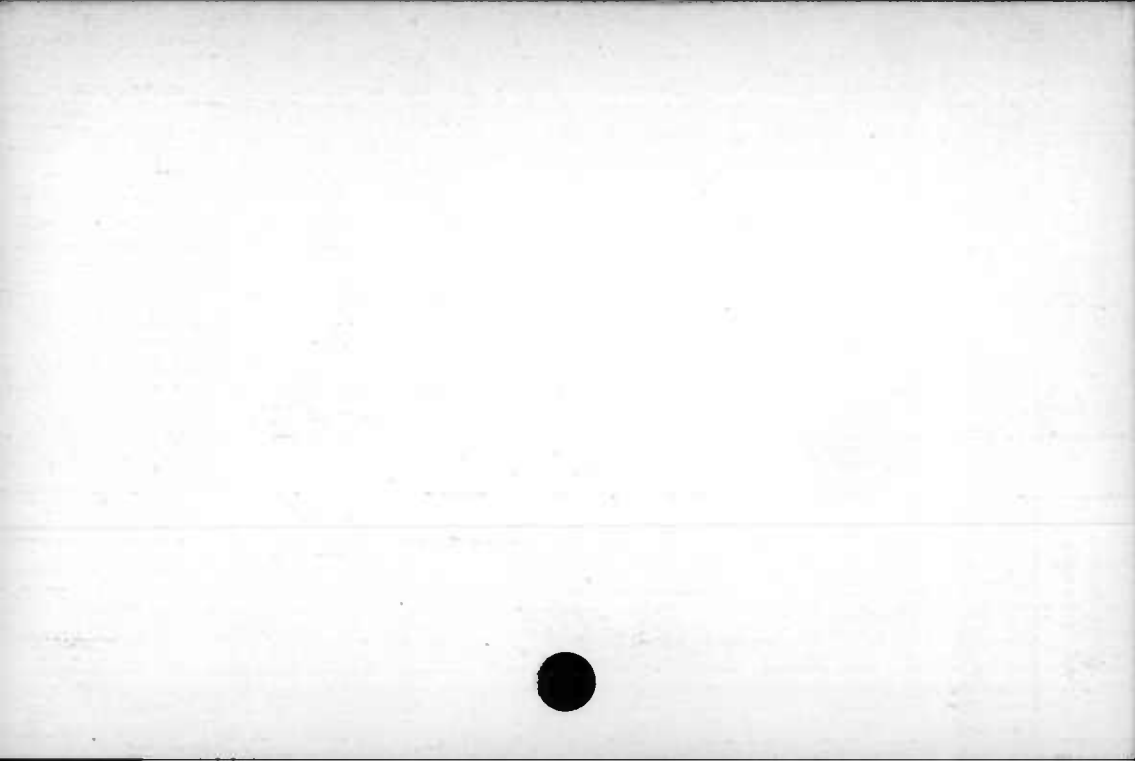
Signature of Physician

Address

Accident or Suicide?



W. H. Mearns
Winjets South Co
N.C.



Name
in
Full

Clinton Mowbray

CERTIFICATE OF DEATH

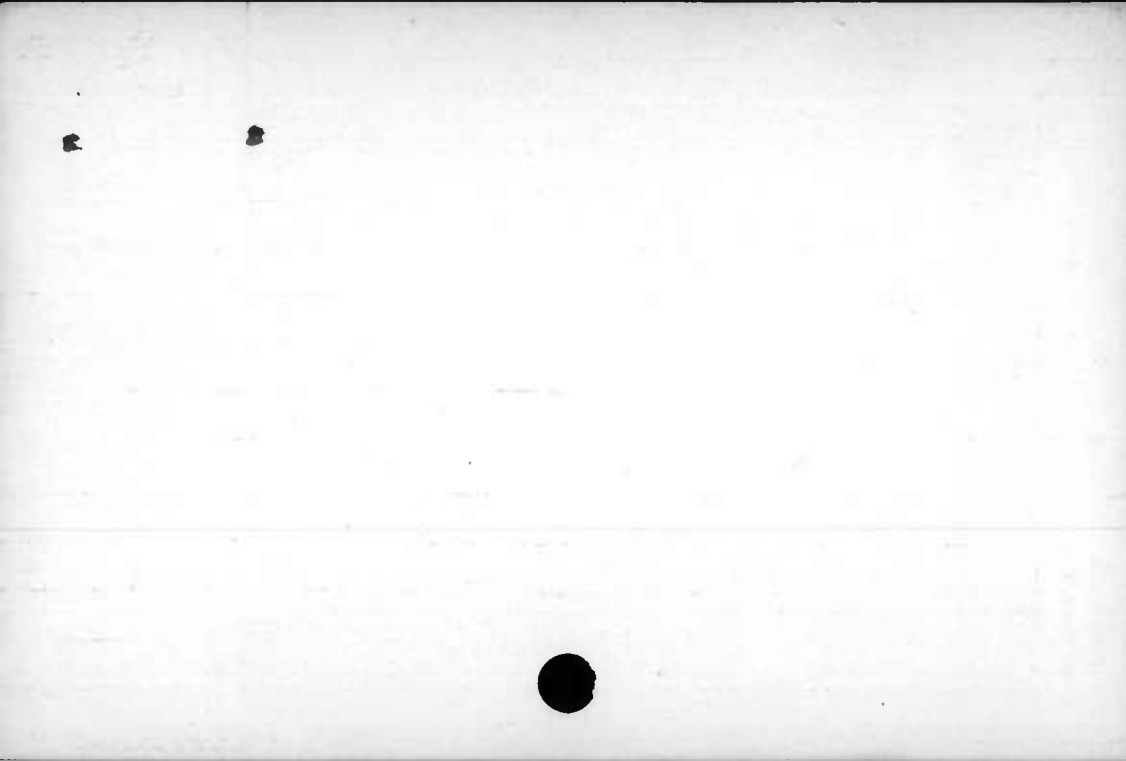
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death <u>1905</u> Month <u>May</u> Day <u>7</u> Age <u>—</u> Years Months <u>—</u> Days <u>4</u>		Sex <u>Male</u> Color or Race <u>White</u>		Birth-place <u>Wm. Co., Ind.</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Wife</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Wm. B. Mowbray</u>		Father's Birthplace <u>Wm. Co. Ind.</u>			
Mother's Maiden Name <u>Fallie A. Thomas</u>		Mother's Birthplace <u>Wm. Co. Ind.</u>			
Name of person giving information <u>Fallie A. Mowbray</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Intense Myocardium</u>	How long <u>10 hours</u>
Immediate <u>Epheutism</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yps</u>	Signature of Physician <u>Harry Steele</u>
	Address <u>Cambridge Ind.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

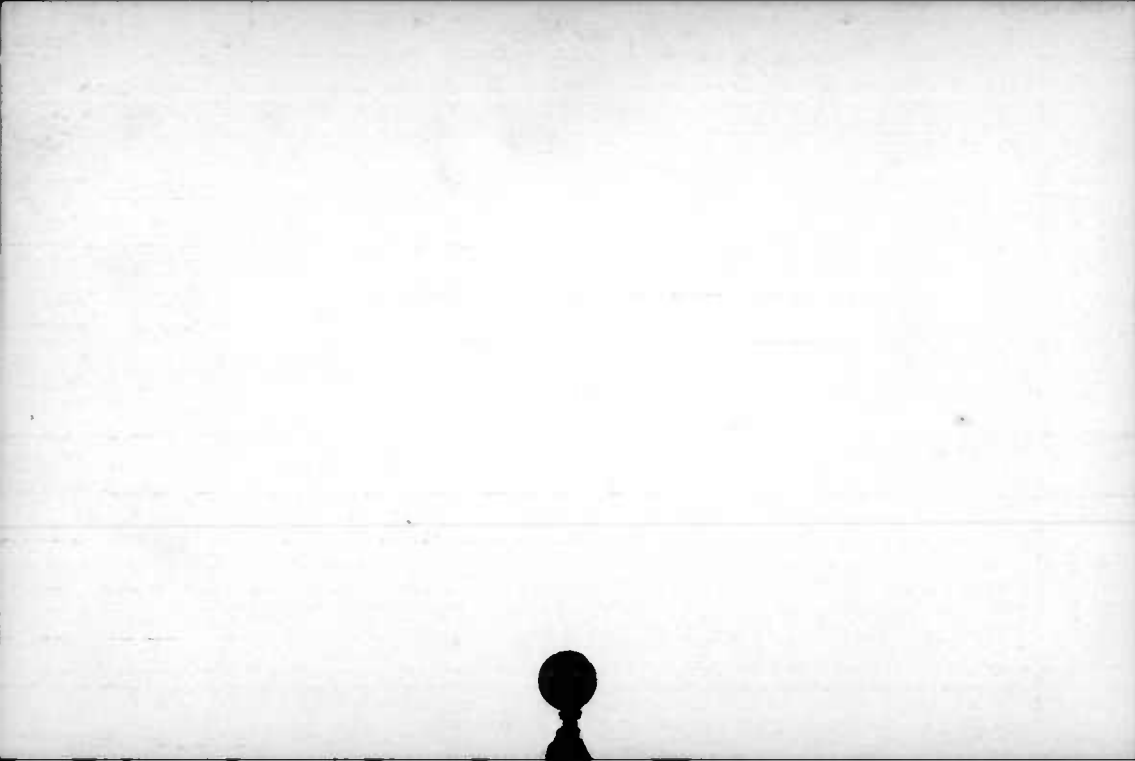
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rhodesdale</i> ^{Town}		<i>Brockton</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month	<i>May</i>	Day	<i>30</i>
Age	<i>87</i>	Years	<i>87</i>	Months	<i>3</i>
Sex	<i>male</i>	Color or Race	<i>colored</i>	Birth-place	<i>Micomico</i>
Occupation	<i>Famer</i>		Where Residing if not at place of death <i>Rhodesdale</i>		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>Ella. Neal</i>		
Father's Name	<i>Levy Neal</i>		Father's Birthplace	<i>Micomico</i>	
Mother's Maiden Name	<i>Anna Cornish</i>		Mother's Birthplace	<i>Brockton</i>	
Name of person giving information	<i>Chas. H. Postup</i>		How related to deceased	<i>to</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>apoplexy</i>	How long	<i>18 hours</i>
Immediate	<i>Heart failure</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Victor E. Hitch</i>
		Address	<i>Coat Room Acker. Mo</i>
Accident or Suicide?			



Name
in
Full

Kathleen S North

CERTIFICATE OF DEATH

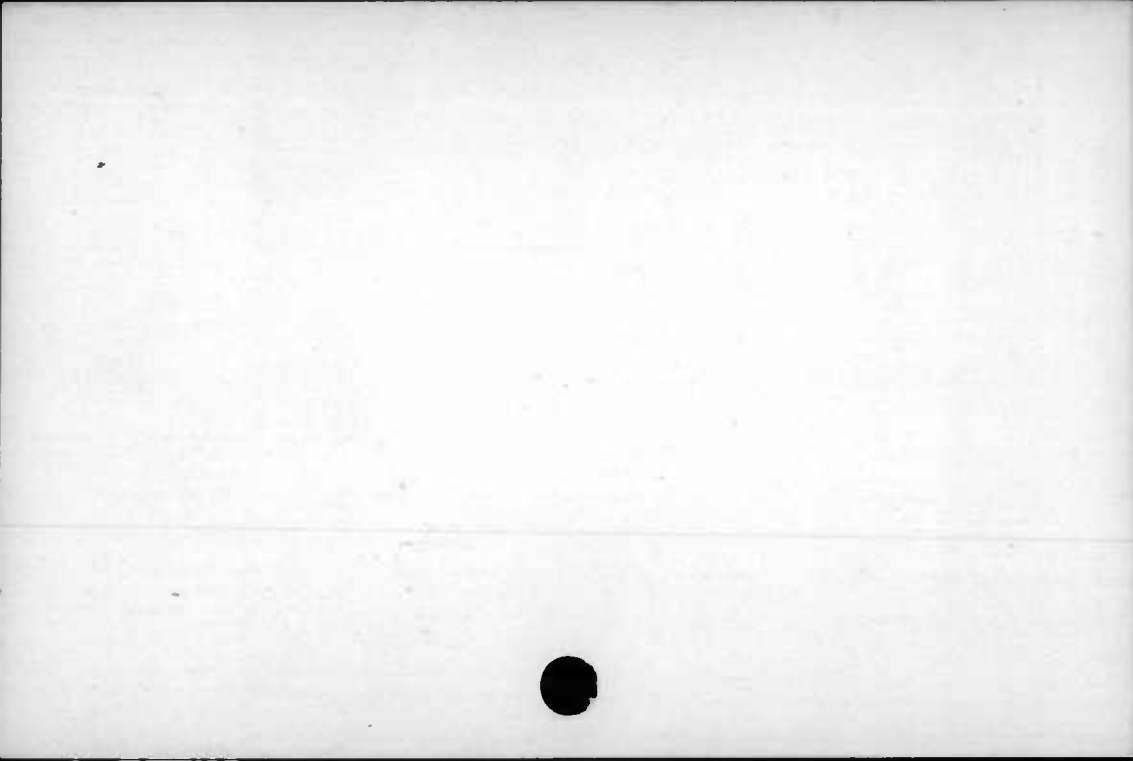
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death	1905	Month May	Day 9	Age 10	Years	Months 7	Days
Sex female	Color or Race white		Birth-place Dorchester Md				
Occupation School girl	Where Residing if not at place of death Cauling Hospital						
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Geo B North		Father's Birthplace Dorchester Md					
Mother's Maiden Name Anna North		Mother's Birthplace " " "					
Name of person giving information Geo B North		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Appendicitis and tubercular peritonitis	How long Some Years
Immediate	E. Laurin	How long A few days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician B. M. Schaeffer
		Address Cambridge Md
Accident or Suicide?		



Name
in
Full

Lena Viola Roberts -

CERTIFICATE OF DEATH

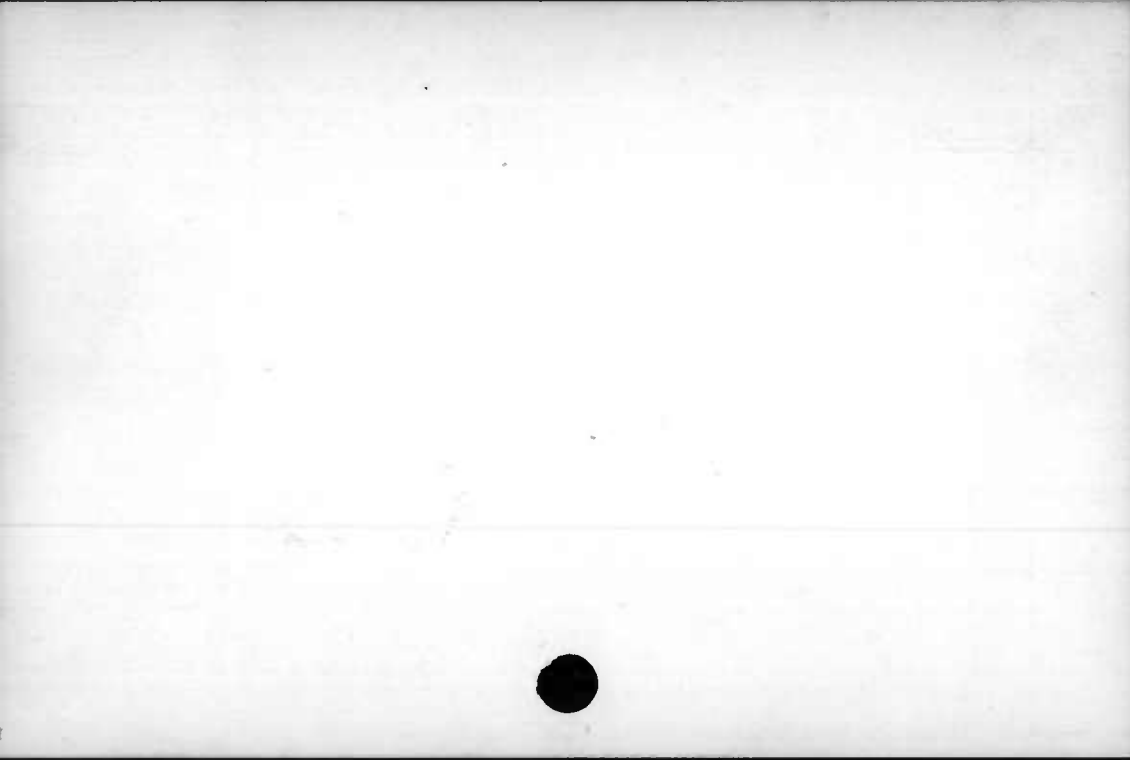
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1903	Month <i>May</i>	Day <i>23</i>	Age <i>6</i>	Years <i>6</i>	Months <i>5</i>	Days <i>22</i>
Sex <i>Female</i>	Color or Race <i>BLK</i>			Birth- place <i>Ind</i>			
Occupation <i>Child</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John Robert</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Willa Johnson</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving In formation <i>John Roberts</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Wolff</i>
	Address <i>Cambridge, Ind.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Lewis Anthony Saunders

Town

Cambridge

County

Dorchester

MARYLAND

Died at

Date of death

1905

Month

5

Day

28

Years

13

Age

Months

6

Days

24

Sex

male

Color or
Race

BLK

Birth-
place

Ind.

Occupation

child

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Wm. M. Saunders

Father's
Birthplace

Ind

Mother's
Maiden Name

Rebecca Pinkett

Mother's
Birthplace

Ind

Name of person giving
Information

Wm. M. Saunders

How related
to deceased

Father

CAUSES OF DEATH

Primary

Tuberculosis

How long

Don't Know

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

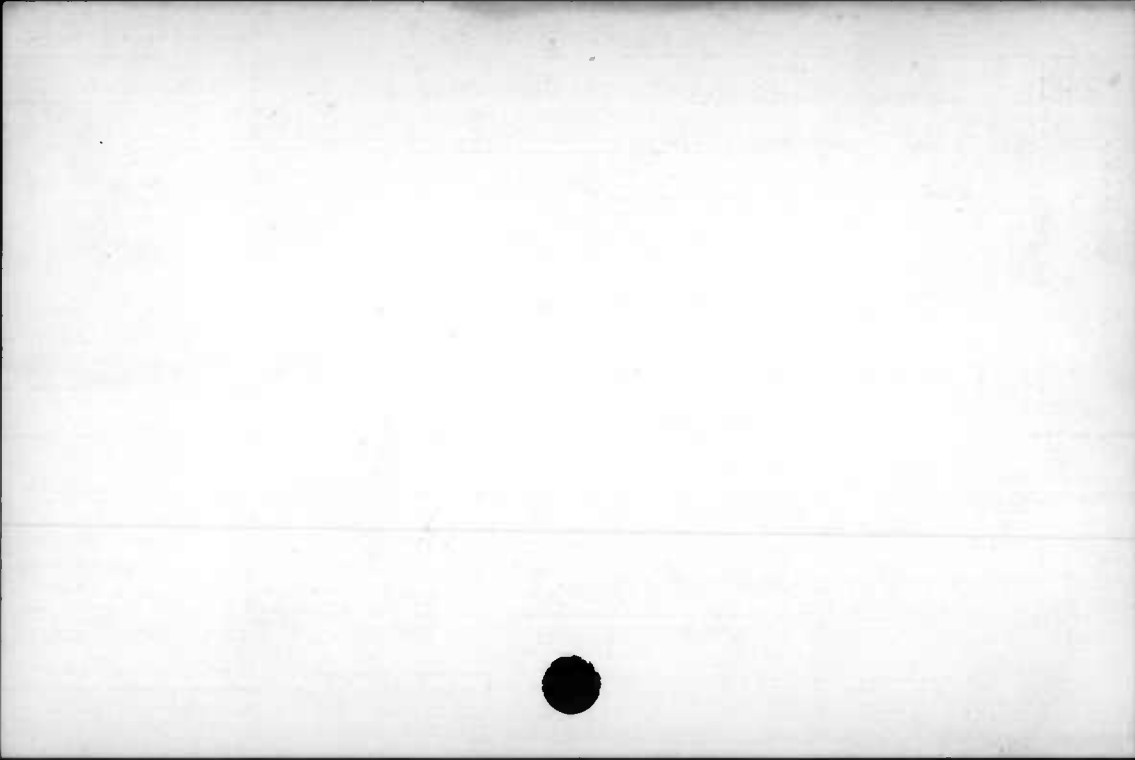
Address

E. E. Wolff, M. D.

Cambridge, Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Chas. Henry Seward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Morris Neck.

Town

Dorchester

County

Date of death 1905 May

Month

31.

Day

Age

Years

73

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Morris Neck

Occupation

Farmer

Where Residing if not
at place of death

Morris Neck

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary A. Seward

Father's
Name

Lewis Seward

Father's
Birthplace

Morris Neck

Mother's
Maiden Name

Annie Mary Wheathy

Mother's
Birthplace

Cason Neck

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Ulcerative Stomatitis

How long

1 mo

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

S A Stokes

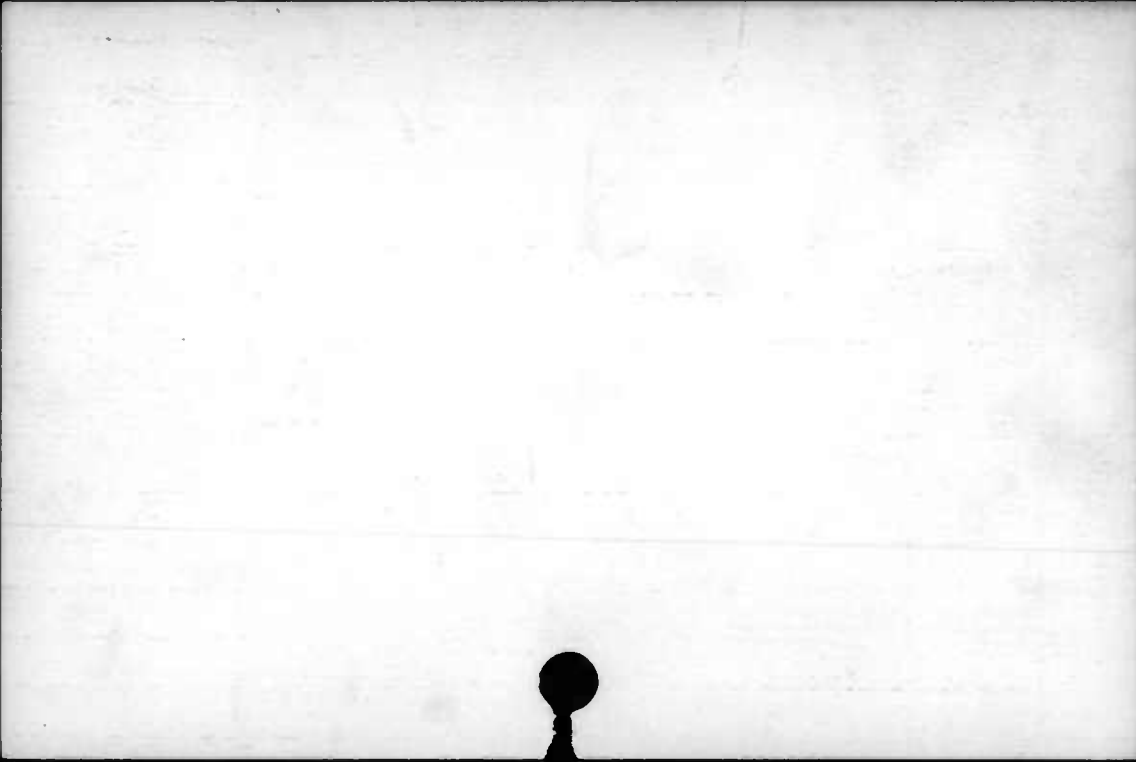
Address

Cambridge

Accident or Suicide?

R 7 b # 5

md



Name

in
Full


CERTIFICATE OF DEATH

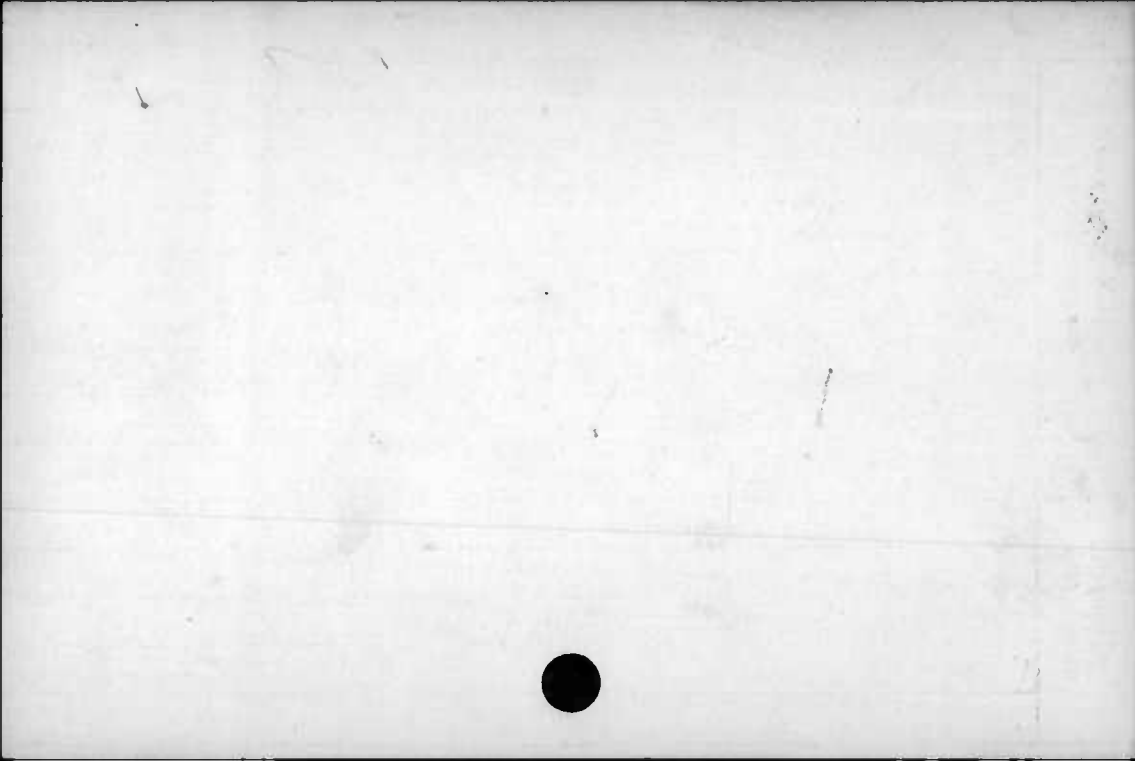
TO BE ANSWERED BY
NEAREST FRIEND

Died - <i>Near</i> ^{Town} <i>Madison</i> ^{County} <i>Dorchester</i>		MARYLAND	
Date of death 190 <i>5</i>	^{Month} <i>May</i>	^{Day} <i>12</i>	^{Years} <i>72</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Dor. Co.</i>	Months Days
Married, Single or Widowed <i>Widowed</i>	Occupation <i>Housewife</i>		
Name of Wife or Husband <i>John Shenton</i>			
Father's Name <i>Thomas Simmons</i>	Father's Birthplace <i>Dor. Co.</i>		
Mother's Maiden Name <i>Teressa Parker</i>	Mother's Birthplace <i>Dor. Co.</i>		
Name of person giving information <i>Charles A. Shenton</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Bright's disease</i>	How long <i>about 2 years</i>
Immediate <i>General Exhaustion</i>	How long <i>12</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. L. Smith M.D.</i>
<i>As near as obtainable</i>	Address 
Accident or Suicide? <i>No</i>	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Holland Is.</i>		Town <i>Is.</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>21</i>	Age	Years	Months <i>1</i>	Days <i>1</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Holland Is.</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Uleeb Somers</i>			Father's Birthplace <i>Beals Is.</i>				
Mother's Maiden Name <i>Maggie Somers</i>			Mother's Birthplace <i>Holland Is.</i>				
Name of person giving information <i>Mollie Somers</i>			How related to deceased <i>—</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantis</i>	How long <i>5 days</i>
Immediate <i>Exhaustion, Hydronephrosis Condition</i>	How long <i>—</i>

Are the name, age, sex, color, date and place correctly given above?

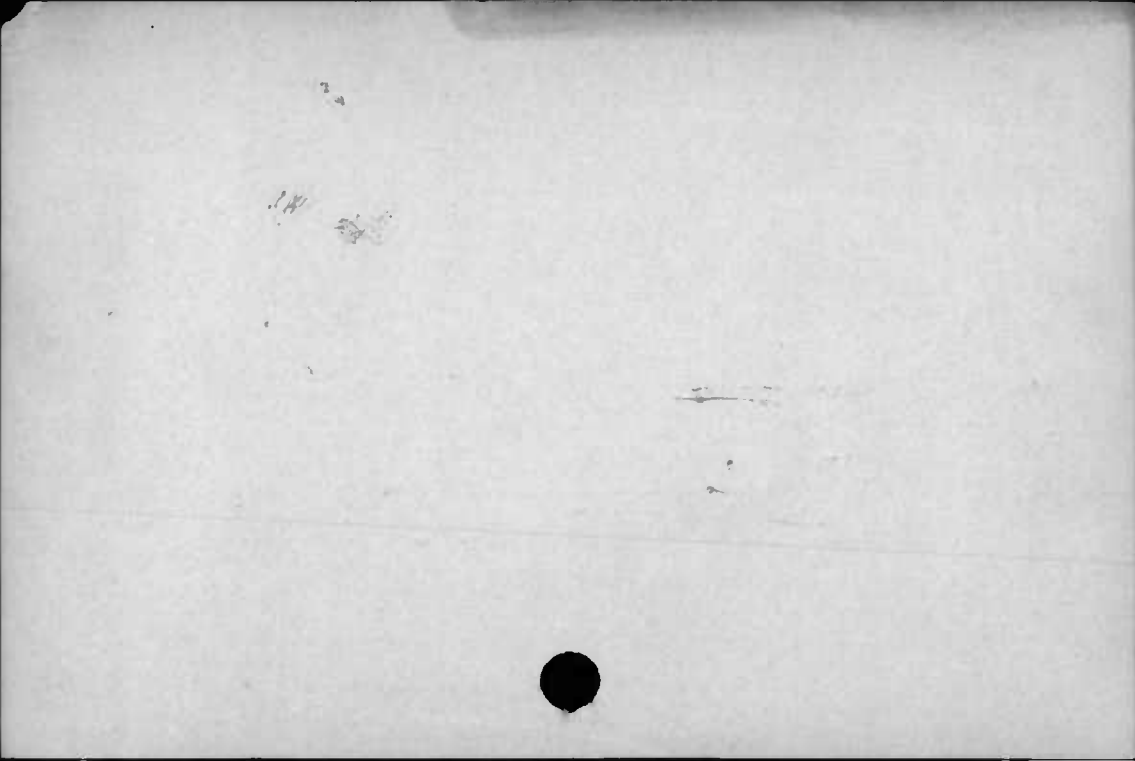
Yes

Signature of Physician

Address

Emory Gordon Tuck
Holland Island,
Mo.

Accident or Suicide?



Full

CERTIFICATE OF DEATH

Edward Phillips Smith

MARYLAND

Died at Cambridge

Anchorage County

Date of death 1901 - May

Day 8

Age 40

Months 3

Days 12

Sex Male

Color or Race white

Birth-place Dr Co. Md.

Occupation Judge of Appeals Court

Where Residing if not at place of death -

Married, Single or Widowed married

Name of Wife or Husband

May G. Carterell

Father's Name Charles Smith

Father's Birthplace Dr Co. Md.

Mother's Maiden Name Sallie Phillips

Mother's Birthplace Dr Co. Md.

Name of person giving information May G. Smith

How related to deceased wife

CAUSES OF DEATH

Primary

Chronic Bright's disease with Mitral lesion

How long

3 years

Immediate

acute heart failure

How long

a few minutes

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

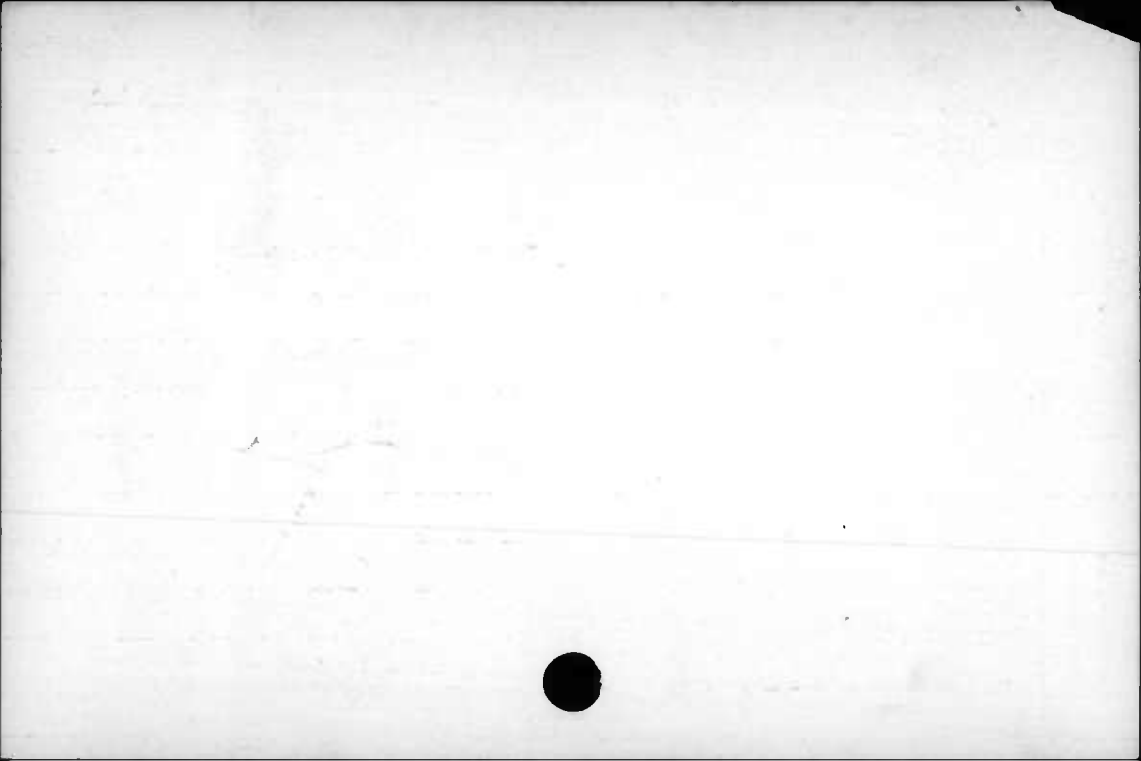
Guy Stube

Address

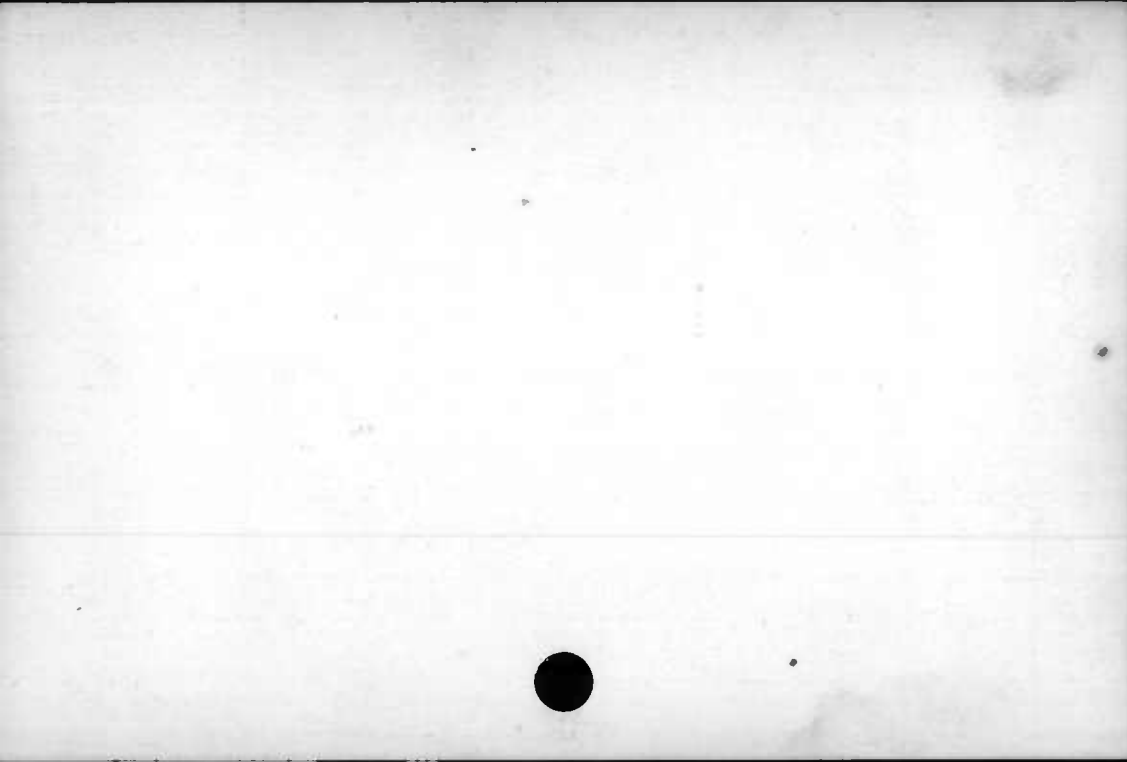
Cambridge Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Thomas Steward				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cambridge		County Dorchester		MARYLAND	
	Date of death	1905	Month	5	Day	17	Age	
	Sex		Male		Color or Race		Black.	
	Occupation		Laborer		Where Residing if not at place of death		—	
	Married, Single or Widowed		Single		Name of Wife or Husband			
	Father's Name		Thomas Steward (deceased)		Father's Birthplace		Ind.	
	Mother's Maiden Name		Sophia Driver (")		Mother's Birthplace		Ind.	
Name of person giving information		Geo. H. Lockman		How related to deceased		Uncle		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Tuberculosis			How long		—
	Immediate		Exhaustion			How long		—
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E. E. Wolff M.D.	
					Address		Cambridge, Ind.	
Accident or Suicide?								



Name in Full

Certificate of Death

Uriah Webster

5/29/05

Town

County

Died at

MARYLAND

Date 1905 May 29 Month Day Y. M. D. Age 78 11 Native of Berks Occupation Farmer

Male White Married Widowed Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Thomas Webster Mother's Name Elizabeth Gould

Cause of Death { Primary Rheumatism & Kidney Failure How long sick 7 months

Immediate Heart Failure

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

